


Admissions from Home

The steps to admitting to a skilled nursing facility from home.

Presented by:





Did you know that you do not have to have a hospital stay to come into a rehabilitation facility for short term rehab or long term care?

- Most facilities can admit right from home.
- Although some insurances require a 3 day hospital stay, most do not. You are able to get an authorization from your insurance provider for rehabilitation if you have a skilled need.
 - ***Due to Covid-19, the hospital 3 day rule is currently waived**
- If your insurance does require a 3 day hospital stay, authorization can still be obtained if you have had a true hospital stay in the last 30 days.
- If you are unable to obtain an insurance authorization, Medicaid may cover your stay.
- Our Centers have staff that will assist you in determining the requirements for any payment source as well as obtaining authorizations or applications as needed.

What is a skilled need?

- Complex Wound Care
- IV Antibiotics
- Recovery after a surgery
- Rehabilitation
- Rapidly changing health status
- Tube Feeding
- The development or contraction of a serious illness





What qualifies you for long term care?

- Long-term care helps meet your health or personal needs through activities of daily living.
 - Activities of daily living may include
 - Dressing
 - Bathing
 - Using the bathroom
 - Transferring
 - Assistance with eating
 - End of life care (Hospice/palliative care)
 - Dementia Care



How Medicare Works

- Medicare A works by covering your qualified stay at a rehabilitation center after you have had a qualifying 3 day stay at a hospital.
- Medicare will cover up to 100 days of rehabilitation.
- Medicare will pay 100% of the cost of rehab for the first 20 days. After days 21-100 will have a copay. Thankfully most secondary insurances will cover this cost.
- After you have exhausted your Medicare benefits you will then have to either pay the private rate at the facility or apply for Medicaid.



How Medicaid Works

- Medicaid is utilized in a facility to cover the cost of stay for patients wishing to stay for long periods of time that are unable to pay the private cost rate at a facility.
- The average rate to stay in a skilled nursing facility is approximately \$8,500 per month for a semi-private room and approximately \$10,000 dollars a month for a private room.
- Often, a patient will have a “patient pay amount” that will be determined by the Medicaid office (not to exceed monthly income less \$60).
- Medicaid covers the full cost of the stay to include medical care, medical supplies and equipment, medications, doctors appointments, transportation to appointments, meals, laundry services, activities and more within the skilled nursing facility.



Should you apply for Medicaid when looking into Long-Term care?

The answer is yes!

- Applying for Medicaid allows you to see what will need to be done to qualify for the Medicaid benefit. It will be up to you to decide if you want to accept the benefits or decline them.
- Our team is available to assist anyone looking into applying for Medicaid benefits



What to expect once you have Medicaid

➤ PPA or Patient Pay Amount

- A PPA is determined based off of qualifying member income. The PPA is money owed to the state for coverage of care while on Medicaid.
- Most PPA are determined by taking the total amounts of income and subtracting \$60. So if your monthly income is \$2000 per month your estimated PPA would be approximately \$1940 per month. This amount would be paid monthly to the facility.


➤ What happens if you are over assets?

- You will have what they call a “Spend Down”. This will allow you to spend down the extra assets on things the patient needs until you meet the Medicaid qualifying asset amount.



What does a Skilled Nursing Facility have to offer?

- 24/7 care from licensed and certified RNs, LPNs, and CNAs. Some facilities even have Respiratory Therapist on staff as well.
- 3 Meals a day plus snacks
- Laundry Services
- Daily activities and regular outings
- Transportation to and from Medical appointments
- Medical Care
- Medications and Medical equipment
- Ancillary Services (Labs, x-ray, dental, vision, podiatry, pharmacy and more)



**Applying for admission to
a skilled nursing facility
from home is as easy as**

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Step One

- Patients can work with their Primary Care Physician, Home Healthcare Agency or Hospice Agency to complete a referral.
- The referral will consist of the following:
 - ☐ History and Physical or H&P (signed by physician within the last 5 days).
 - ☐ Face Sheet or Demographics
 - ☐ Medication List (signed by physician with diagnosis for each medication)
 - ☐ Orders (signed by physician)
 - ☐ Mental Health Screen 3877/3878 forms
 - ☐ OBRA Screen if necessary (From Community Mental Health – it is required if patient has a developmental disability or if none of the exemption criteria are met.)

- **Requires an RN , PA, NP, MSW or Physician Signature**

Patient Name

SECTION II – Screening Criteria (All 6 items must be completed.)

1. The person has a current diagnosis of **Mental Illness** or **Dementia** (Circle one or both) ☐ No ☐ Yes
2. The person has received treatment for **Mental Illness** or **Dementia** (within the past 24 months) (Circle one or both) ☐ No ☐ Yes
3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days. ☐ No ☐ Yes
4. There is presenting evidence of mental illness or dementia, including significant disturbances in thought, conduct, emotions, or judgment. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty completing tasks, or serious difficulty interacting with others. ☐ No ☐ Yes
5. The person has a diagnosis of an intellectual/developmental disability or a related condition including, but not limited to, epilepsy, autism, or cerebral palsy and this diagnosis manifested before the age of 22. ☐ No ☐ Yes
6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have an intellectual/developmental disability or a related condition. These deficits appear to have manifested before the age of 22. ☐ No ☐ Yes

Note: If you check "Yes" to items 1 and/or 2, circle the word "**Mental Illness**" and/or "**Dementia**."

Explain any "Yes"

Note: The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are "Yes" UNLESS a physician, nurse practitioner or physician's assistant certifies on form DCH-3878 that the person meets at least one of the exemption criteria.

SECTION III – CLINICIAN'S STATEMENT: I certify to the best of my knowledge that the above information is accurate.

Clinician Signature	Date	Name (type or print) Rebecca Vincent
Address (number, street, apt. number or suite number) 4782 Hospital Drive		Degree/License RN
City Cass City	State MI	Zip Code 48726
		Telephone Number 989-872-2174

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: Title XIX of the Social Security Act

COMPLETION: Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility.

DISTRIBUTION: If any answer to items 1 – 6 in SECTION II is "Yes", send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form **DCH-3878** if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative.

DCH-3877 (Rev. 8-19) Previous edition obsolete.
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3878 Form

- No hospital exempted discharge allowed from home
- Must meet Dementia Criteria to Exempt
- Dementia Dx must be established in patient history
- Physician signature is required

MENTAL ILLNESS/INTELLECTUAL/DEVELOPMENTAL DISABILITY/RELATED CONDITION EXEMPTION CRITERIA CERTIFICATION

Michigan Department of Health and Human Services
(For Use in Claiming Exemption Only)
Level II Screening

INSTRUCTIONS:

- Must be completed, signed and dated by a nurse practitioner, physician's assistant or physician.
- The patient being screened shall require a comprehensive LEVEL II evaluation UNLESS any of the exemption criteria below is met and certified by a physician's assistant, nurse practitioner or physician. Indicate which exemption applies.

Patient Name	Date of Birth	
Name of Referring Agency MediLodge of Cass City	Referring Agency Telephone Number 989-872-2174	
Referring Agency Address (Number, Street, Building, Suite Number, etc.) 4782 Hospital Drive		
City Cass City	State MI	Zip Code 48726

Exemption Criteria

- ☐ **COMA:** Yes, I certify the patient under consideration is in a coma/persistent vegetative state.
- ☐ **DEMENTIA:** Yes, I certify the patient under consideration has dementia as established by clinical examination and evidence of meeting ALL 5 criteria below.
- Yes, I certify the patient under consideration does not have another primary psychiatric diagnosis of a serious mental illness.
- Yes, I certify the patient under consideration does not have an intellectual disability, developmental disability or a related condition.

Specify the type of dementia:

- Has demonstrable evidence of impairment in short-term or long-term memory as indicated by the inability to learn new information or remember three objects after five minutes, and the inability to remember past personal information or facts of common knowledge.
- Exhibits at least one of the following:
 - Impairment of abstract thinking, as indicated by the inability to find similarities and differences between related words; has difficulty defining words, concepts and similar tasks.
 - Impaired judgment, as indicated by inability to make reasonable plans to deal with interpersonal, family and job-related issues.
 - Other disturbances of higher cortical function, i.e., aphasia, apraxia and constructional difficulty.
 - Personality change: altered or accentuated premorbid traits.
- Disturbances in items 1 or 2 above significantly interfere with work, usual activities or relationships with others.
- The disturbance has NOT occurred exclusively during the course of delirium.

Patient Name	Date of Birth
5. EITHER: a. Medical history, physical exam and/or lab tests show evidence of a specific organic factor judged to be etiologically related to the disturbance, OR b. An etiologic organic factor is presumed in the absence of such evidence if the disturbance cannot be accounted for by any non-organic mental disorder.	
<input type="checkbox"/> HOSPITAL EXEMPTED DISCHARGE: Yes, I certify that the patient under consideration: 1. is being admitted after an inpatient medical hospital stay, AND 2. requires nursing facility services for the condition for which he/she received hospital care, AND 3. is likely to require less than 30 days of nursing services.	
Physician/Physician Assistant/Nurse Practitioner Signature and Credentials Date	
Name (Typed or Printed) Dr. Farrukh Anwar	Telephone Number 989-872-2174
AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility.	
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	
COPY DISTRIBUTION: ORIGINAL- Nursing Facility retains in Patient file COPY - Attach to form DCH-3877 and send to Local Community Mental Health Services Program (CMHSP) COPY - Patient Copy or Legal Representative	



Step Two

Once the referral has been obtained, the information will then need to be sent to the Admissions Director at the skilled nursing facility of your choice.

The Admissions Director along with the clinical team will review the following prior to accepting the new admission.

- Clinical review of needs.
- Financial and insurance review.

Once all information has been reviewed and they are able to accept, they will reach out to the physician and patient to notify them of admission to the facility.



Step Three

Once you have been accepted into a facility, a date will be set for admission. When admitting to a facility, patients should bring the following items.

- ☐ ID, Insurance Cards, DPOA and Guardianship paperwork (If Applicable)
- ☐ Any Payment that is due upon admission
- ☐ 5-7 days of comfortable clothing
- ☐ Supportive tennis shoes
- ☐ Items that make you feel at home (Pictures, favorite blanket, plant)
- ☐ Your preferred personal hygiene items (Brush, comb, favorite shampoo, body wash, make-up, cologne, body spray, deodorant). Although these items are provided at the facility, bringing your favorite items always help during the transition.



Q&A

Commonly asked questions when seeking placement at a skilled nursing facility.

Q: Once I am admitted, am I able to leave the facility to go out with my family for the day?

A: Yes, you are able to sign yourself out at a facility to leave and spend time with your family.

Q: Am I able to go outside?

A: Yes, most facilities have beautiful gardens and patios that available for residents to spend time outdoors.

Q: Is my dog able to visit?

A: Yes, most facility allow pets that are non violent and calm to visit with a vaccination record on file

Q: How often is my family able to visits?

A: Most skilled nursing facilities allow visitors everyday and long as the visitor is not experiencing any signs of illness.

****Please note some of these are not currently in place due to Covid-19 precautions.**



Helpful sites when looking for skilled nursing facility placement.

MediLodge: www.medilodge.com

Medicaid: www.Medicaid.gov

Medicare: www.medicare.gov

MediLodge of Grand Traverse County: www.medilodgeofgtc.com

MediLodge of Leelanau: www.medilodgeofleelanau.com

MediLodge of Traverse City: www.medilodgeoftraversecity.com

For additional information and questions please contact

Melissa Slepicka, Admissions Director

231-620-0994

